Variations in internal iliac veins detected during extended lymphadenectomy

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목적: Others

방법: Between March 2011 and July 2011, 60 consecutive patients underwent robot or laparoscopic extended lymphadenectomy. We retrospectively reviewed the video-clip and analyzed the pattern of the internal iliac veins (IIV) at presacral area.

결과: IIV variations were classified seven types: type A, normal (n=39, 65%); type A with dilated middle sacral vein (n=5, 8%); type B, left IIV connecting with the left external iliac vein centrally (n=5, 8%); type C, separted trunk of the left IIV draining into the central left common iliac vein (CIV, n=1, 2%); type D, right IIV draining into the central left CIV (n=8, 13%); type E, right IIV draining into the central right CIV (n=0, 0%); and type F, the bilateral IIV connecting with each other before draining into the central left CIV (n=2, 3%).

결론: The prevalence rate of IIV anomalies was 26%, and the incidence of separated trunks of the IIV was 18%. To avoid life-threatening the IIV injury during extended lymphadenectomy or sacral colpopexy, we should know the exact anatomical variations of IIV, especially type D and F.

Laparoscopic Excision of Isolated Para-aortic Lymph Node Recurrence

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A 54-year-old Korean woman, 2-0-3-3, was transferred to our department because her PET-CT (18-F fluoro-deoxyglucose-positron emission tomography-computed tomography) scans showed hypermetabolic lymph-node on retrocaval regions. In few years ago, she underwent radical abdominal hysterectomy and pelvic lymphadenectomy followed by concurrent chemo-radiation therapy due to positive metastatic pelvic lymph nodes, six out of 29, in other hospital. She was compatible to FIGO stage IIA2. She underwent laparoscopic excision of isolated para-aortic lymph node recurrence. The operating time was 160 minutes. There were no intra-and postoperative complications. The final histopathologic report showed the all resected lymphatic tissues, one aortocaval and six retrocaval lymph nodes, had metastatic squamous cell carcinoma. She is receiving adjuvant chemotherapy after surgery. In conclusion, laparoscopic excision is feasible and might be an alternative therapeutic option for patients with isolated para-aortic lymph node recurrence.